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ABSTRACT

This paper presents a case study of successful intervention with a boy (in fourth grade at the time of the intervention) who would not speak in the school environment. Intervention involved medication with Fluoxetine to relieve anxiety, parental involvement, and a six-step behavioral therapy plan of gradually increasing speech demands in the school situation with associated rewards and consequences. The therapy plan involved having the boy converse or read with his mother in a school room, then converse with his mother and one of his friends in a school room, and so on, up to the last step which involved having the boy speak to his classmates. (DB)

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ELECTIVE MUTISM - A SUCCESS STORY

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November 10, 1993
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ELECTIVE MUTISM - A SUCCESS STORY

There were cheers of joy and sighs of relief in the halls of Central School as the news was quickly relayed from room to room, "He talked...Dallas spoke...He did it!"

HISTORY:

Dallas was an elective mute. Since entering our school as a Kindergarten student in September 1988, Dallas had chosen not to talk either in the school building or on the school grounds. He attended Nursery School before kindergarten, where he exhibited the same behaviour. He spoke freely at home with his family and with certain family friends. The moment he approached the school grounds, however, Dallas would become silent. He seldom made eye contact and frequently kept his head down. The other children supported his decisicn by talking for him and by telling visitors, "Dallas doesn't talk". Dallas was quiet and shy as well as rigid and controlled. He often put his hand up in class, then would not answer if called upon. When still not a word or a sound was heard from him by the start of the second kindergarten term, we realized that we had a real problem with which to contend.

For the next five years, calling team meeting after team meeting , we tried as many strategies as we could brainstorm, read about or research, including home visits, positive reinforcement, school and Mental Health counselling, referral to School District Special Services personnel, group activities and peer support. We even tried bribery, extinction and with-holding of favors! We were at our wits end and wondering if we would ever hear Dallas speak before he left the elementary school system. We were consoled by the fact that he was learning, he could read, and he showed every indication of enjoying school and being with his friends - he just wouldn't talk!

HELP AT LAST!

The initial breakthrough occurred when a colleague mentioned that she had seen a television program on elective mutism. The program made it clear that little is known about this disturbing and baffling condition. Our school counsellor, who had already devoted countless hours trying to find a solution, immediately set out to communicate with as many people as she could. She wrote or phoned and requested as much information as she could from every possible source. She spoke to mothers, teachers and doctors. She discovered there were support groups for parents totally baffled by their children's refusal to speak in school.

Finally, a phone call to Dr. Steve Dummit, a psychiatrist working at the New York State Psychiatric Institute, seemed to offer some possibilities which had not yet been attempted. Since Elective Mutism is seen to be caused by severe anxiety, the Doctor highly recommended that the medication Fluoxetine be administered under a local doctor's supervision, for a period of six months. He also recommended that the child be seen by a local psychiatrist. Dr. Dummit indicated that if the anxiety is medically treated with Fluoxetine, improvement is rapid, usually within two to three months. At this time, behavioral intervention can begin. The medication can be tapered off after approximately six months.

It was hoped that Dallas would relax enough to be able to respond to some school-based interventions that would help him begin to talk in school.

SUCCESS IN SIGHT:

In November 1992, following the above plan, Dallas began taking Fluoxetine in pill form each day. By February, his mother reported that the only changes she noted were that he had lost some weight and that he seemed more relaxed and less irritable at home. His Grade Four teacher felt that his school work was becoming rather careless at times, but couldn't necessarily attribute this to the Fluoxetine as many factors can cause a nine-year old boy to work carelessly at times. Since none of the changes were dramatic, we felt that he could continue with the prescribed dosage for the pre-arranged six month time frame.

It was decided at this time that we meet as a team of district, school, medical and family members to put some plan into motion. We brainstormed ideas and set up a step-by-step intervention plan to help Dallas speak in the school setting.

INTERVENTION PLAN:

Our school counsellor, Dallas' mother, his classroom teacher and our learning assistant sat down to set the time frames, the rewards and the consequences of the plan. Dallas seemed excited about attaining a super Nintendo. Mom decided that it would be feasible to offer a dollar for each day's success in the plan. She also felt that a star chart at home would help him record his successes. We decided that the following were important conditions to the success of the intervention:

- The sessions would consist of a series of small steps, each of which must be successfully completed before going on to the next.

- Dallas must be allowed some choices, so he would feel a part of process.
- Dallas would need to be kept informed throughout the process.

- Rewards as well as consequences (both suggested and controlled by Mom) must be strictly adhered to.

- The program would be followed daily for 20 to 30 minute sessions.

We felt times, people and conditions must remain flexible as each new day depended upon what had occurred the day before. Following is a summary of the intervention plan upon which the team decided:

INTERVENTION SESSIONS

SESSION 1: Mother and Dallas in school room of his choice.

GOALS:
- to converse or read with Mom
- to continue conversation and/or reading for 3 days

REWARD: One looney and one star for home chart each day

CONSEQUENCE: If he doesn't speak the first day, Mom will start to walk him to school until he does speak.

SESSION 2: Mother, Dallas and buddy of his choice in the same school room

GOALS:
- to converse with Mom and buddy in an enclosed corner of the room
- to continue conversation for 3 days
- to move from enclosed corner before next step

(Suggestion:) To encourage speech, use a card game like "Go Fish" or take turns reading to each other.)

REWARD: One looney and one star for home chart each day

CONSEQUENCE: Mom walks him to school again

SESSION 3: Mother, Dallas, buddy and familiar adult (not school staff)

GOAL:
- to talk while playing a game, working at a craft, playing with legos, building a model, etc.
- to continue for at least 3 days

REWARD: One looney and one star for home chart each day

CONSEQUENCE: Curtail TV watching or go to room after school until dinner

SESSION 4: Mom, Dallas, buddy and teacher of choice.

GOAL:
- to talk in any area of same room
- to read, chat, play games, build models, etc.
- to continue for as many days as Mom and teacher agree are necessary.
- to conduct sessions with door open.
- to have Mom, then buddy leave

REWARD: Two loonies and two stars on home chart, each day

CONSEQUENCE: Curtail TV watching or stay in bedroom after school until dinner

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SESSION 5: Teacher and Dallas only in room

GOALS:
- to talk for a number of days (minimum of 3)
- to leave the door open when teacher feels Dallas is ready

REWARDS AND CONSEQUENCES CONTINUE AS WITH SESSION 4

SESSION 6: Dallas and teacher move into the classroom with prearranged speaking plan.

(This will have been discussed and preplanned by all concerned and will begin very slowly and in a non-threatening manner). If an intermediate step is required before the transition into the classroom, it will be added to the process as needed.

REWARDS AND CONSEQUENCES AS ABOVE (with ongoing assessment of effectiveness).

* **MOTHER, LEARNING ASSISTANT AND SCHOOL COUNSELLOR WOULD MEET WEEKLY TO REVIEW PROGRESS**

* **ALL TIMES AND ACTIVITIES WOULD BE FLEXIBLE**

* **TIME FRAME IS UNKNOWN, BUT IT IS HOPED THAT BY JULY, WHEN SCHOOL IS OUT, DALLAS' FAMILY WILL BE PROUD OWNERS OF A SUPER NINTENDO!**

We began the sessions with real excitement and a feeling of optimism. It was the first time in years that we felt like we were beginning something with structure and substance. Elective mutism was something we had not previously encountered and we had been unable to find much information on this topic. Case studies which we researched described guidelines we had already tried with no success. We had always been fearful that some of our techniques would do more harm than good. Up to this point, we had felt entirely on our own. Now, armed with Dr. Dummit's research, we were ready to set our plan in motion.

THE SESSIONS BEGIN!

Session Number One began on a Monday morning, the 22nd of February. Dallas, using nods and pencil and paper, indicated he understood what was going to happen and why it was happening.

In the room Dallas chose, he not only read aloud a letter which we wrote to wish him luck, but also orally read a book and spoke to his mother. Dallas earned his first looney and we breathed our first sigh of relief. Things moved so rapidly from that day forward that we were overwhelmed.

We learned during the progress of each session that one of the best things we had done was to offer Dallas choices for each change that was to occur. Not only did he often choose an alternative that we wouldn't have felt was attractive to him, but he also seemed to glory in the ownership of the process and the power that it granted him.

After only thirteen sessions, he was speaking with 5 buddies and Mom in the room. We were concerned because he wouldn't even consider the possibility of a girl becoming a member of his exclusive little group. We wondered how he would have the nerve to eventually speak in his classroom which was made up of girls as well as boys. When we decided to force the issue, Dallas made a choice which astonished us. He chose a female teacher rather than a female classmate to become part of the group. That very day, on March 22, Dallas spoke for the first time to a teacher in the school! He then decided that his Mom needn't come to school every day any more, so the female teacher took over as the adult in the sessions.

Dallas continued to move forward quickly. We moved his sessions to other rooms of his choice in the school, we gave him the opportunity to choose another teacher with whom to speak, we built in sessions within his classroom where he spoke with his female teacher and his buddies. Dallas passed all "tests" with flying colors!

An interesting and gratifying observation at this point in the proceedings was that the built-in consequences were not used once throughout the entire intervention process!

We knew that the time had come for him to break the ice and speak so that his entire class could hear him. He appeared to be so ready for that step, but just needed a final boost to help him over this hurdle. He just couldn't seem to do it on his own. What to do? Again, the choices became the key. Dallas was given 5 choices (from low to high risk) which would lead to his speaking in a full-class situation.

The choices which we listed were:

1. - talk to a number of children in a small group in the classroom
2. - read a story to a small group in the classroom
3. - orally respond to a pre-arranged question in class
4. - take a small part in a rehearsed Reader's Theatre selection
5. - call Bingo to the whole class

Dallas not only chose to be a Bingo caller, he chose it as the first, not the fifth, choice! The very next afternoon, he stood in front of his classmates with a Bingo wheel in front of him. A hush descended on the class, for they too realized how momentous the occasion. When "Under the B - 3" rang out, clearly and loudly, a collective sigh rippled throughout the room. The final hurdle was jumped!

CONCLUSION:

Ten short days later, Dallas spoke in front of a full-school assembly. This was the ultimate proof that our elective mute was no longer mute! As of this writing, Dallas has been off the Fluoxetine medication for six months and has continued to speak freely in the school setting. So many of us shared the joy - from district staff to school staff to medical support to family and friends - all had an important part in the process of helping Dallas to overcome his inability to speak.

We learned that in severe cases of elective mutism, behavioral therapy is not enough. A combination of anti-anxiety medication and behavioral therapy is needed to break down the wall of silence.